

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Marianne Eugenia Amos

Town

County

MARYLAND

Died at Ashton

Date

Month

Day

Years

Months

Days

of death 1905 Dec

22

Age

48

Sex

Female

Color or  
Race

white

Birth

Harford Co Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Isaac Amos

Father's

Harford Co Md

Mother's  
Maiden Name

Eleanor Jay

Mother's

Harford Co Md

Name of person giving  
In formation

Mrs Amos

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Paralysis

How long

3 weeks

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

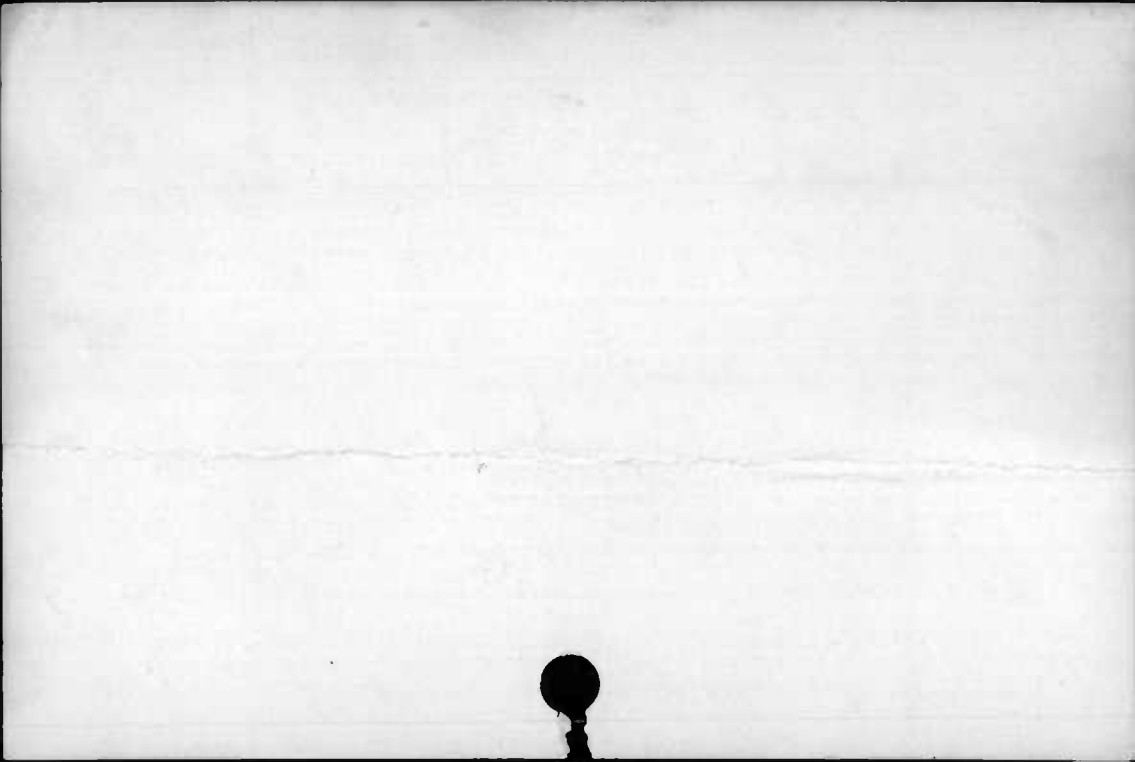
yes

Signature of  
Physician

Address

John R. Bateman  
Spencerville  
Md

Accident or Suicide?



Anderson

Died at Andover Town Montgomery County MARYLAND

Date 1905- 22 Month 25 Day Age 0 Y. 0 M. 8 D. Native of U.S. Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of X  
 Wife

Father's Name Thor E Anderson Mother's Maiden Name Bessie Washington

Cause of Death { Primary Intellectasia Immediate Same How long sick from birth  
(51) ~~Accident, Suicide, Homicide~~

Reported by P. S. Lonsdale M.D.

Address Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sandy Spring</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 1905	<i>Dec.</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex <i>Male</i>	<i>Boys</i>	Color or Race <i>Colored</i>	Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Jessie Howard</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Edwin Davis</i>			How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>About 2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as known as no physician in attendance</i>	Signature of Physician <i>Chas. Ferguson, M.D.</i>
Address <i>Q. Lee</i>	<i>Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Bertie Beckwith

MARYLAND

Damonville

Montgomery

Date of death 1905

Month 12

Day 16

Age

Years 29

Months

Days

Sex: Female

Color or Race Negro

Birth-place

Sugar Land Md

Occupation

Housewife

Where Residing if not at place of death

Married, or

Name of Wife or Husband

W. Beckwith

Father's Name

Lewis Garnett

Father's Birthplace

Va.

Mother's Maiden Name

Francis

Mother's Birthplace

Va.

Name of person giving information

Physician

How related to deceased

## CAUSES OF DEATH

Primary

Acute miliary tuberculosis

How long

8 mo.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

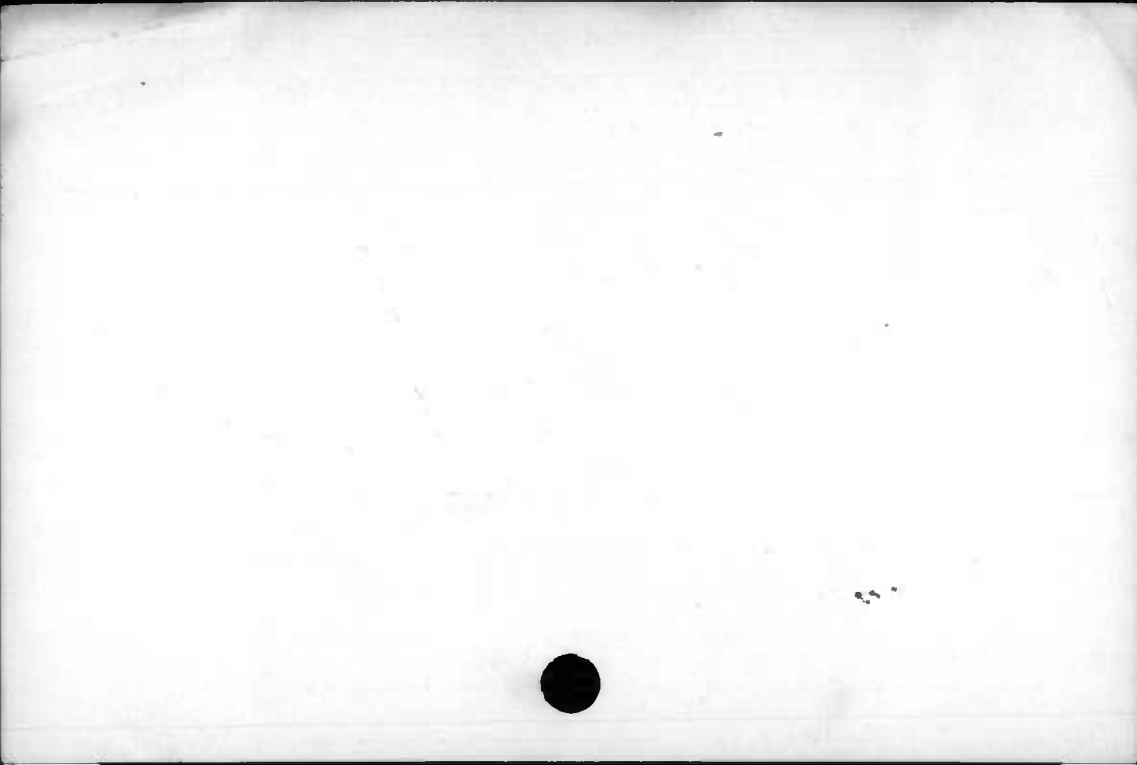
Signature of Physician

U. D. House M.D.

Address

Damonville Md

Accident or Suicide?





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Germanatown</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1905	Month <i>Dec</i>	Day <i>21</i>	Age <i>87</i>	Years <i>3</i>	Months <i>11</i>	Days <i>11</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Middlebrook</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Catharine Peterson</i>					
Father's Name <i>William Benson</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Sarah Ann Dowd</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving Information <i>Mrs E. A. Vinson</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*E. A. Simpson*  
*Germanatown*

Accident or Suicide?



Name  
in  
Full

Washington Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roadville</i> <sup>Town</sup>		<i>Monkton</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>12</i>	Day	<i>24</i>
Age		<i>81</i>	Years	Months	Days
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Meq</i>
Occupation	<i>Farming Farmer</i>		Where Residing if not at place of death		
Married, Single or <del>Widowed</del>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion with Scurvy</i>	How long	<i>2 mds</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Linthicum</i>		
	Address <i>Roadville Meq</i>		
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

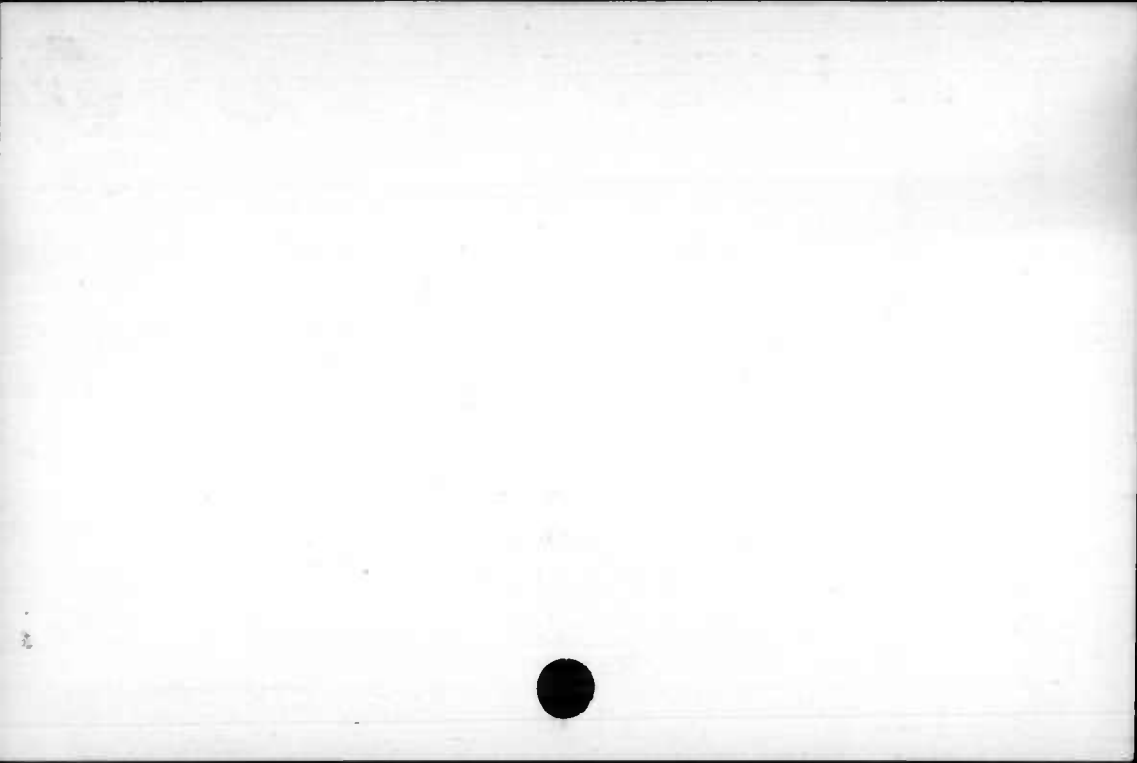
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar</i> <i>Loose</i> <i>Dennis</i> <i>Montgomery</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>18</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Montgomery Co</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Hillary Dennis</i>	Father's Birthplace <i>Fredrick Co</i>		
Mother's Maiden Name <i>Ellie Bowie</i>	Mother's Birthplace <i>Montgomery Co</i>		
Name of person giving information <i>Mary E Waters</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Myelitis</i>	How long <i>3 weeks</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W H Dyson</i>
	Address <i>Laytonsville Ind</i>
Accident or Suicide?	



Name  
in  
Full

Eliza Elgin

## CERTIFICATE OF DEATH

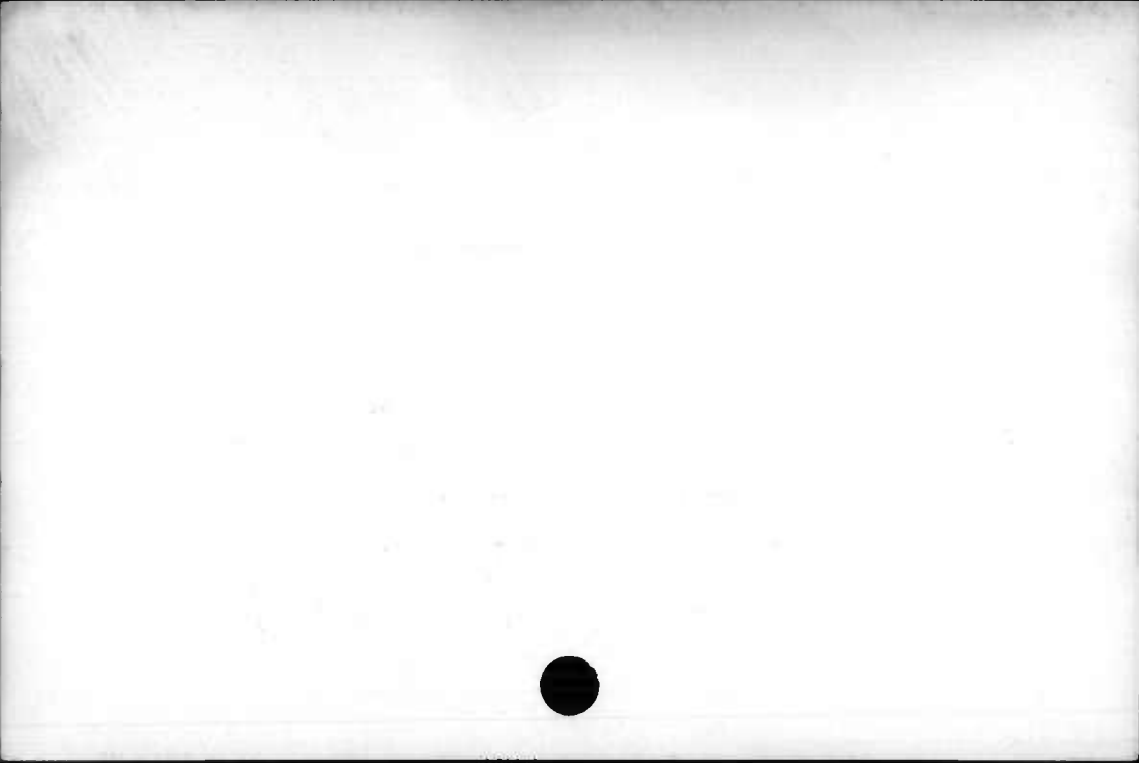
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905 Dec</i> <sup>Month</sup>		<i>13</i> <sup>Day</sup>	Age <i>94</i> <sup>Year</sup>	<i>7</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Martinsburg Md</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Elgin</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Mary McKur</i>		Mother's Birthplace <i>Va</i>			
Name of person giving Information <i>Chas F Elgin</i>		How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Holt</i>
	Address <i>Poolsville Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Juglio Fraizer

Town

County

MARYLAND

Died at

Spencerville

Montgomery

Date

of death 1905

Month

Dec

Day

25

Age

Years

—

Months

15

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Spencerville

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Arthur Phumphy

Father's  
Birthplace

Ednor Md

Mother's  
Maiden Name

Hallie Fraizer

Mother's  
Birthplace

Spartanville Md

Name of person giving  
Information

Preston Fraizer

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Whooping cough

How long

3 weeks

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

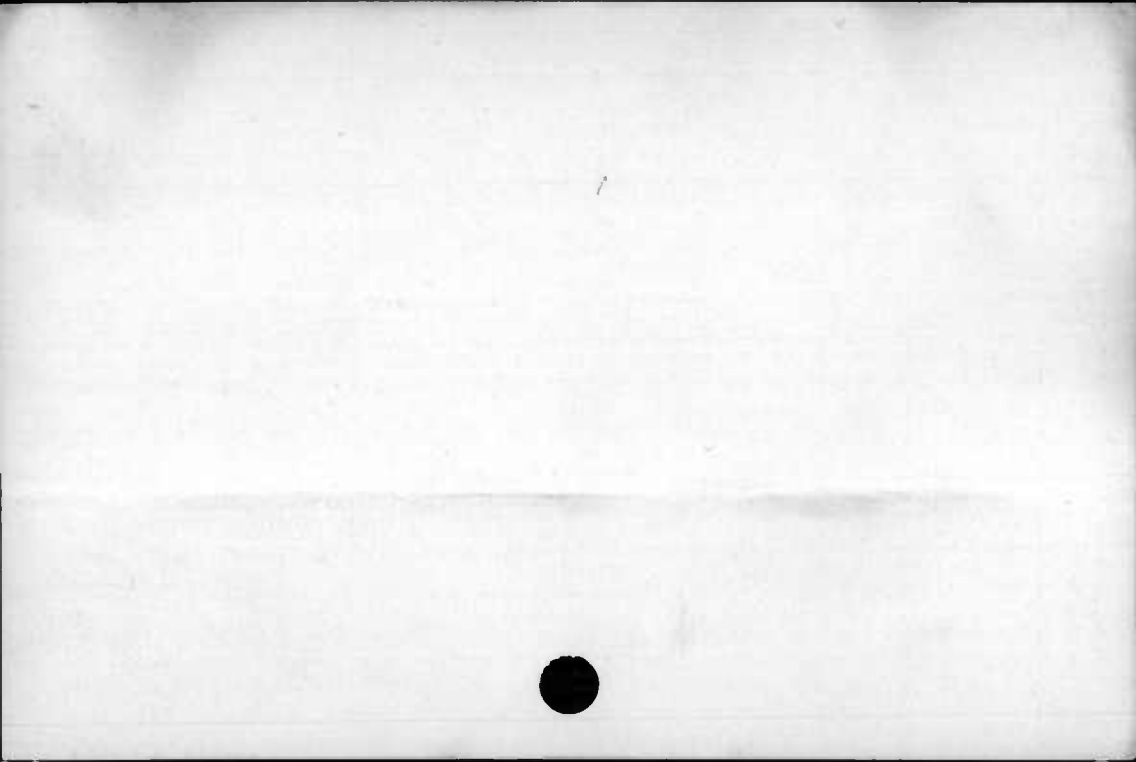
J. E. Butson

Spencerville

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

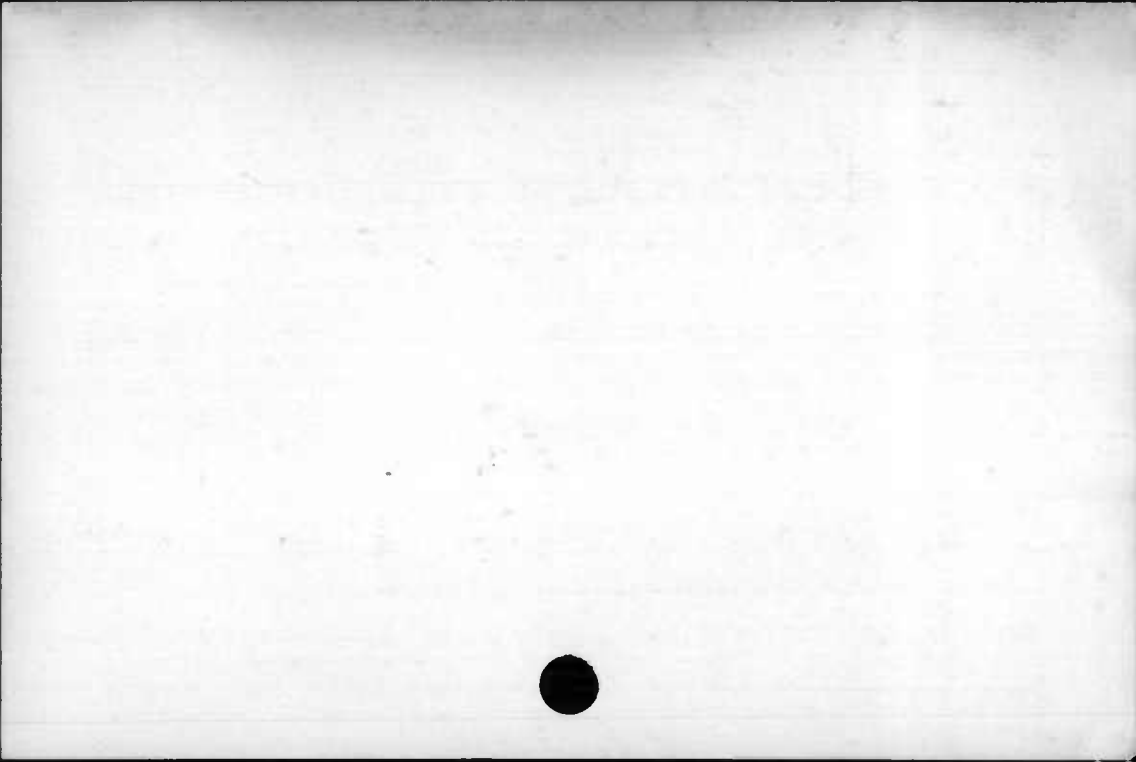
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ernest Hawkins</i>		Town <i>near Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Rockville</i>		Month <i>12</i>		Day <i>16</i>		Age <i>14</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>16</i>		Age <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Hilliary Hawkins</i>		Father's Birthplace <i>D. C.</i>					
Mother's Maiden Name <i>Mary White</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Walter Todd</i>		How related to deceased <i>Not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption</i>		How long <i>Two years</i>	
Immediate <i>Exhaustion</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Geo. W. Johnson Montg

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Spencerville~~Montg~~ <sup>County</sup>

Date of death 1905 Dec 17

Age 23

Months

Days

Sex male

Color or Race black

Birth-place Md

Occupation laborer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Annie Johnson

Father's Name Isaac Johnson

Father's Birthplace Md

Mother's Maiden Name Sarah

Mother's Birthplace

Name of person giving information James Jackson

How related to deceased not at all

## CAUSES OF DEATH

Primary Tuberculosis

How long One Year

Immediate Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

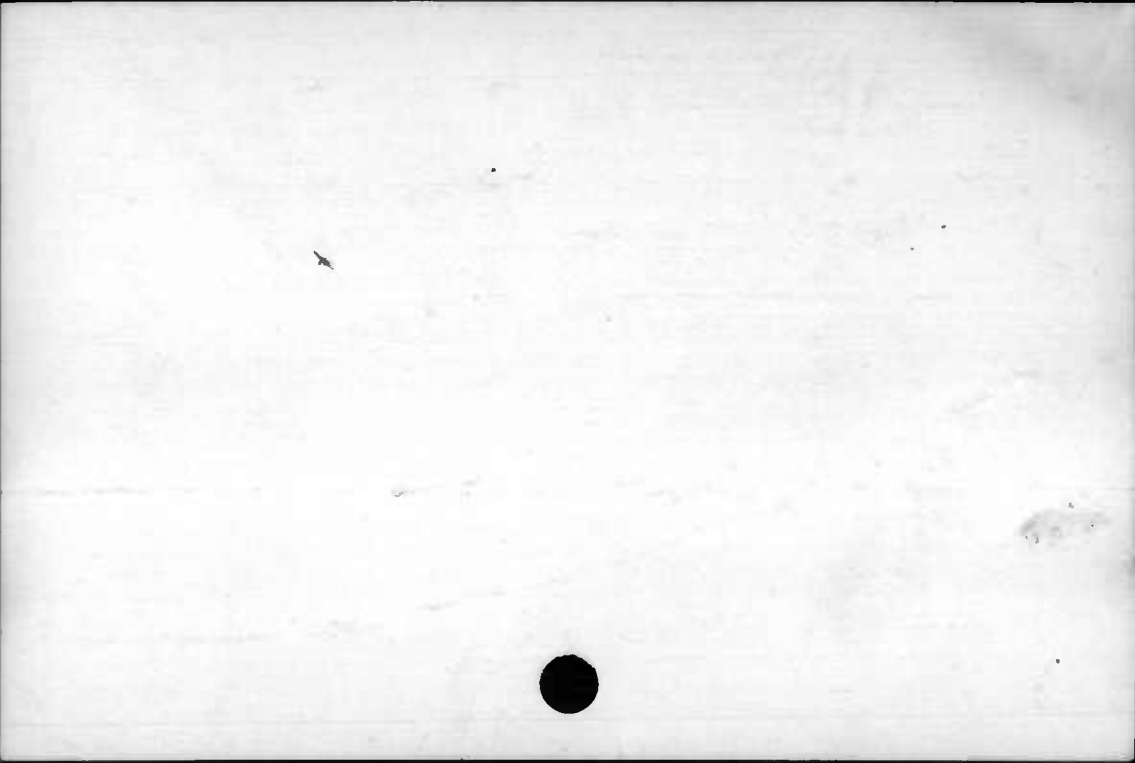
W. F. Taylor

Address

Laurel Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Harrison Johnson

## CERTIFICATE OF DEATH

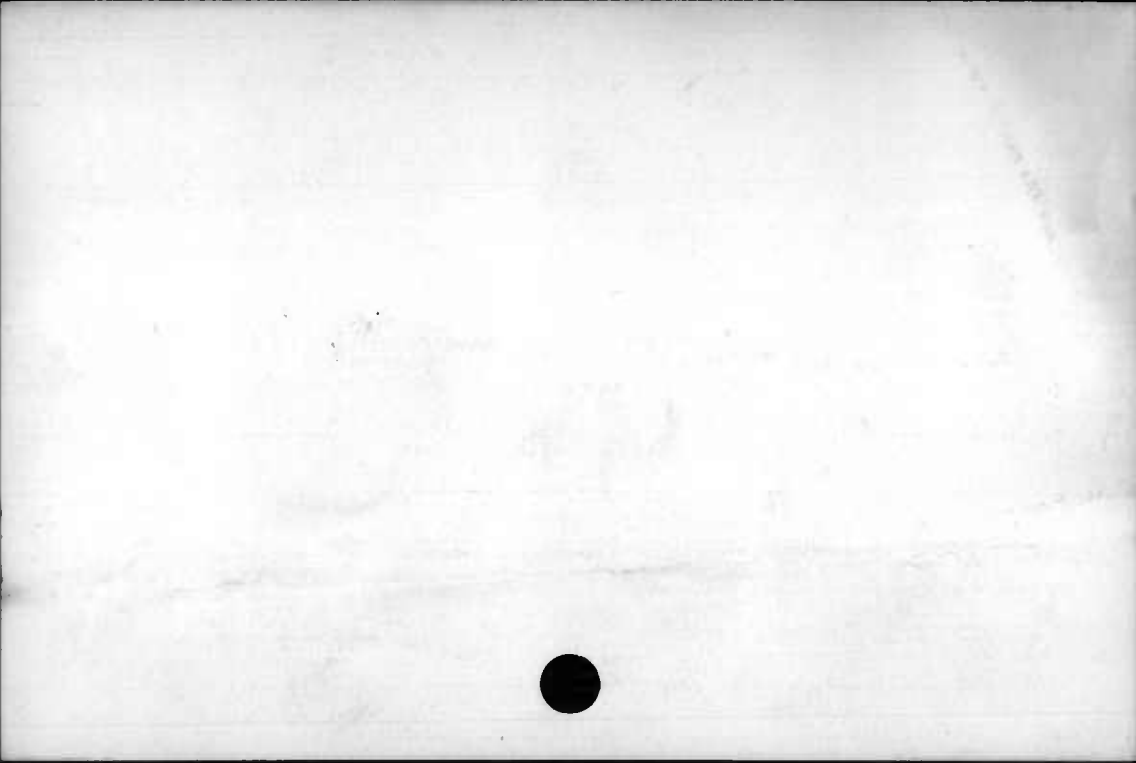
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beallsville</i>		Town <i>Beallsville</i>		County <i>Mon. County</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>4</i>	Age	<i>17</i>	Years	Months <i>1</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>					
Father's Name	<i>Thomas Johnson</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ida Ruggs</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Elbert Johnson</i>				How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Miliary Tuberculosis</i>	How long	<i>Five weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Stonebrack</i>
		Address	<i>Barnesville</i>
Accident or Suicide?			<i>Ind</i>





Name  
in  
Full

Herbert Johnson

CERTIFICATE OF DEATH

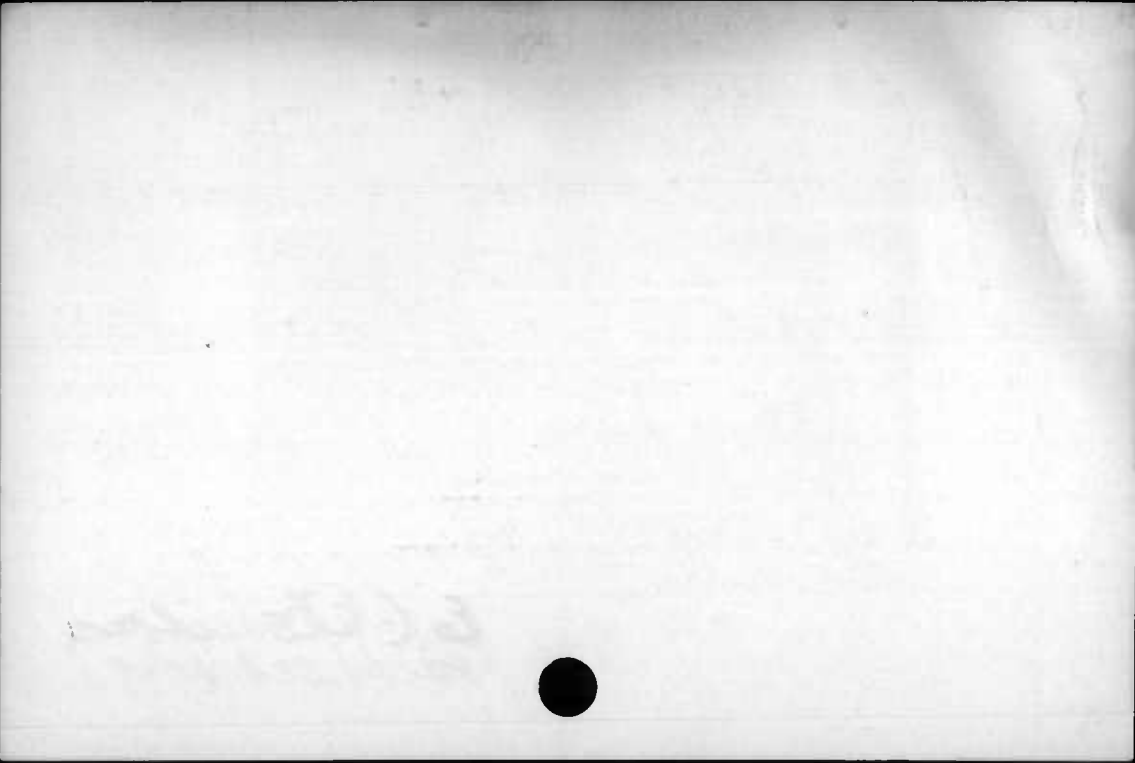
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Irma Bush Lodge</u> <sup>Town</sup>		<u>Montg</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Month</sup> <u>12</u> <sup>Day</sup> <u>5</u>	Age	<u>2</u> <sup>Years</sup> <u>7</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>		
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Bush Lodge Md.</u>
Occupation	<u>—</u>				
Where Residing if not at place of death		<u>—</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Olyvan Johnson</u>		Father's Birthplace	
Mother's Maiden Name		<u>Ida Ruster</u>		Mother's Birthplace	
Name of person giving information		<u>Physician</u>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria of larynx</u>	How long	<u>4 da.</u>
Immediate	<u>Aseptic</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>U. O. House M.D.</u>	
<u>Antidote was used freely but had no effect</u>		Address	
<u>Accident or Suicide?</u>		<u>Danversville Md.</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel Johnson*

Town *Gaithersburg* County *Montg*

Died at *Gaithersburg*

Date of death *1905* Month *12* Day *15* Age *86* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ Name of Wife *Rachell Mitchell*

Father's Name *Isaac Johnson* Father's Birthplace *Ind*

Mother's Maiden Name Mother's Birthplace

Name of person giving information *James Johnson* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility* How long *10 days*

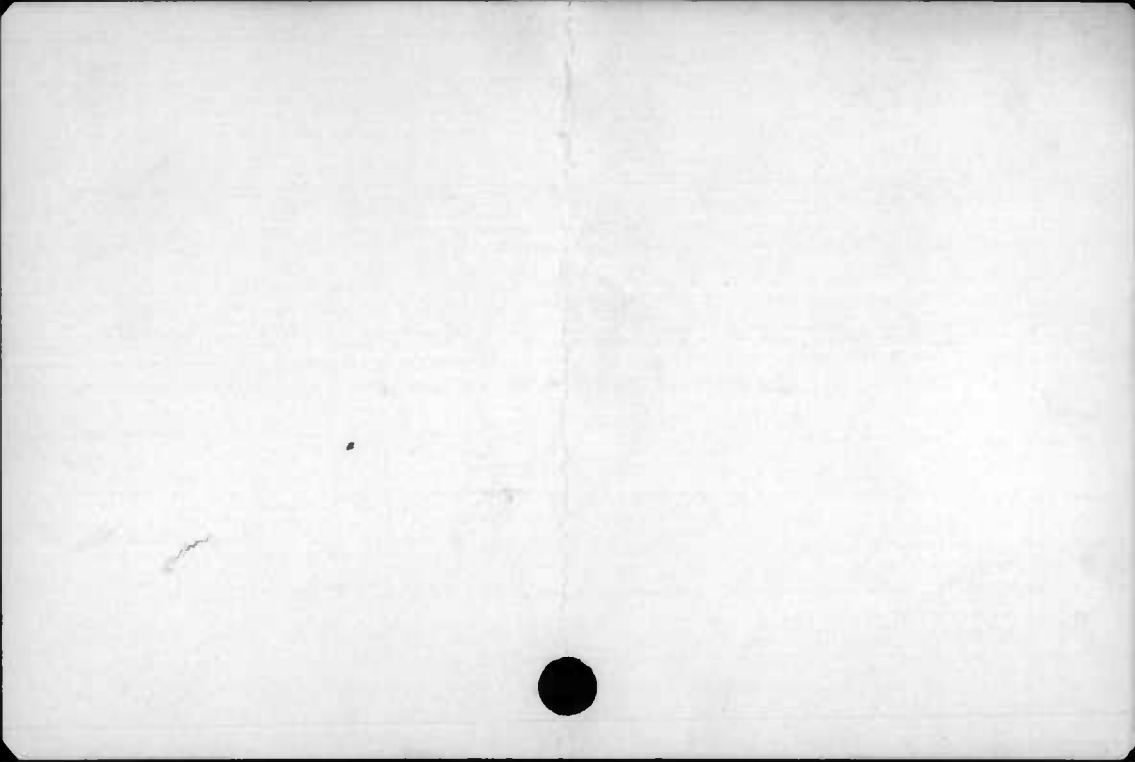
Immediate *Prostration* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. C. Eldridge*

Address *Gaithersburg Md*

Accident or Suicide?



Name  
in  
Full

Henry Kelly

## CERTIFICATE OF DEATH

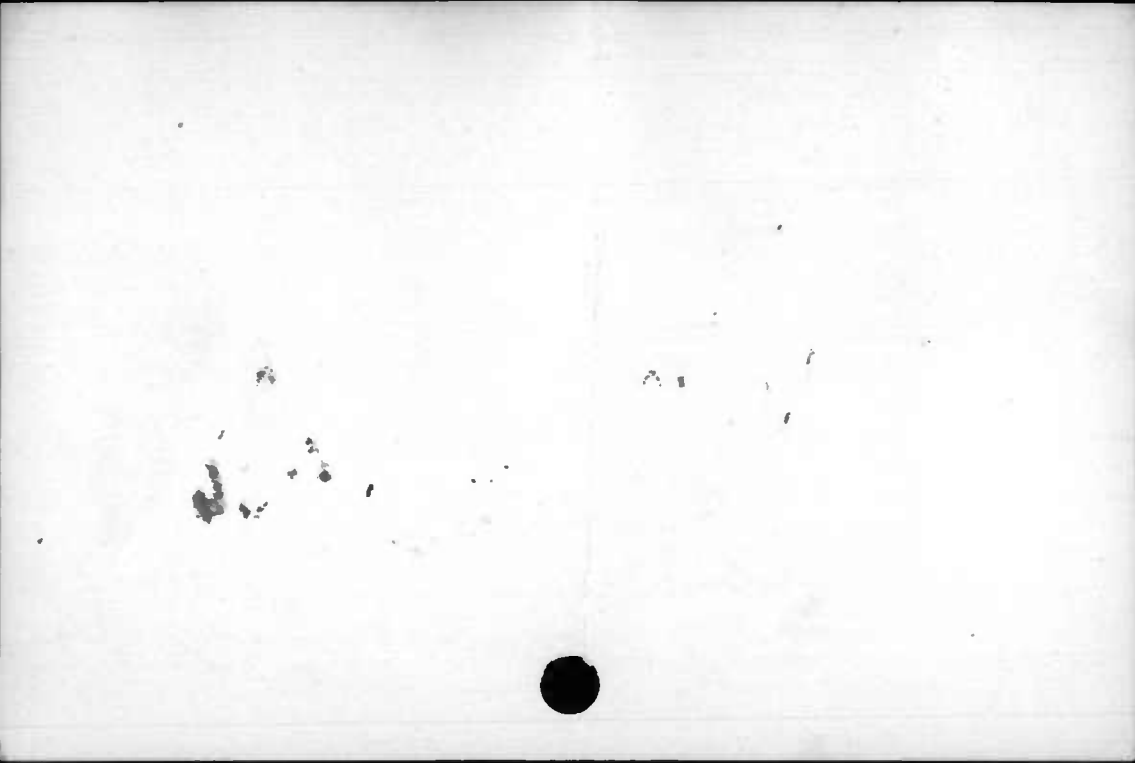
Died at <i>Bunk Mills</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>Dec</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Kelly</i>				
Father's Name <i>Henry Kelly</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Jane Johnson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mary Kelly</i>	How related to deceased <i>Wife</i>				

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	(92)	How long <i>Two weeks</i>
Immediate <i>Syncope</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>	
<i>Yes</i>	Address <i>Silver Spring</i>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret Ann Lee

## CERTIFICATE OF DEATH

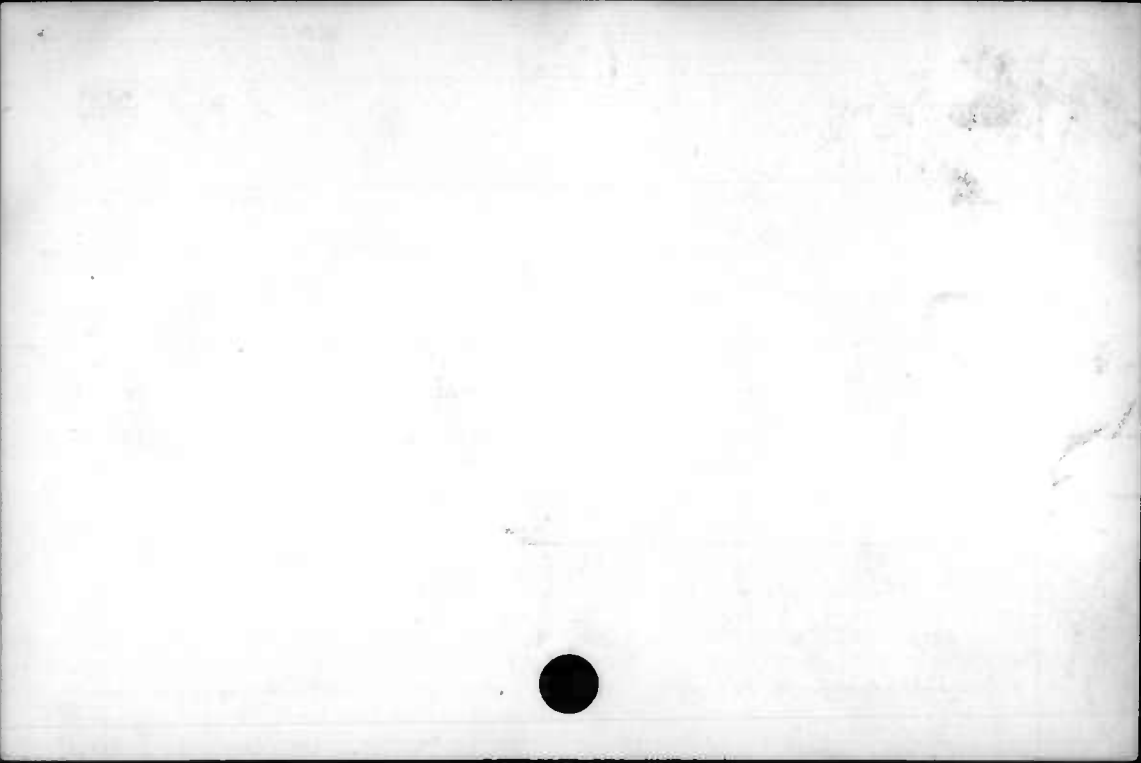
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Rickhill</i>		<sup>County</sup> <i>Montgomery</i>		MARYLAND	
Date of death	1905	Month	<i>Dec</i>	Day	<i>10</i>
Age	<i>71</i>	Years	<i>6</i>	Months	<i>10</i>
Sex	<i>female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Washwoman</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>George Lee Wm Baker</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Margaret Baker</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Dr Margaret Tyler</i>			How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary congestion</i>	How long	<i>1 week</i>
Immediate	<i>Edema</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>George E. Lewis, M.D.</i>
		Address	<i>Rickhill, Md.</i>
Accident or Suicide?	<i>_____</i>		





Name  
in  
Full

Mary Ann Marlow

## CERTIFICATE OF DEATH

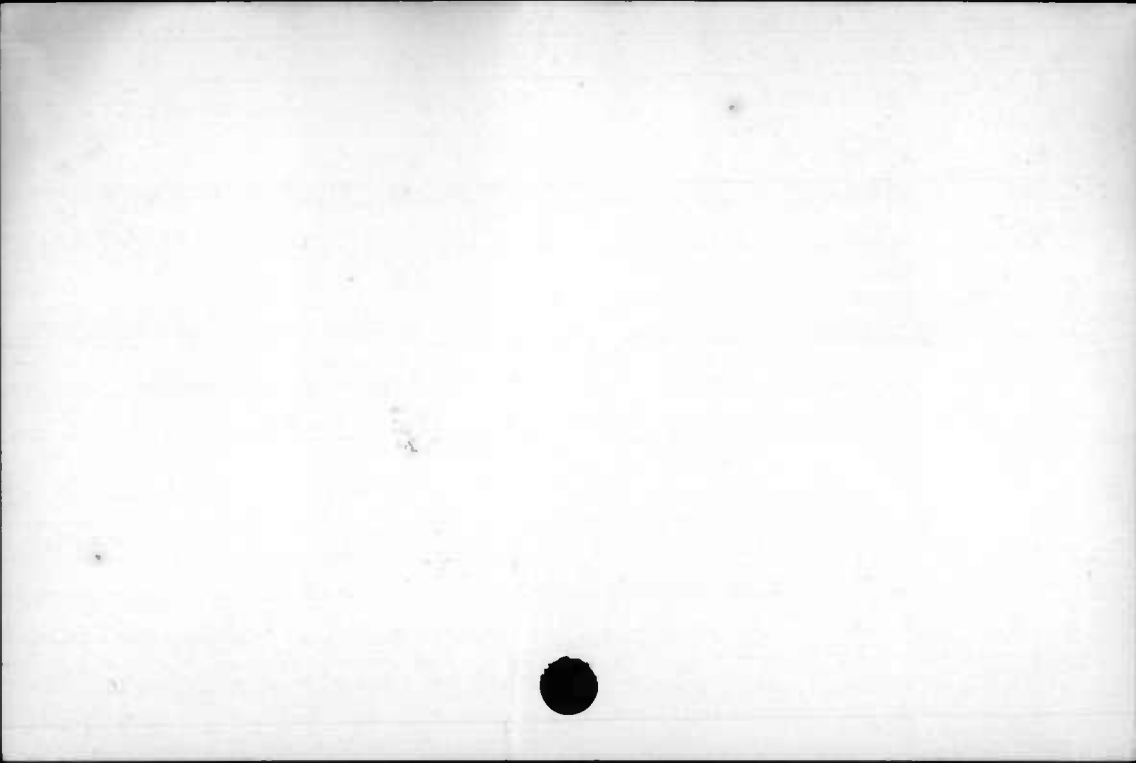
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fairland</i>		Town <i>Montg</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>48</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>H. M. Marlow</i>						
Father's Name <i>Richard duval</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Margaret French</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Nellie Marlow</i>	How related to deceased <i>Sister in Law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>About 2 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<i>Yes</i>	Address <i>Silvan Spring</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clorverly</i> <sup>Town</sup>		<i>Montz</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>oct</i> <sup>Day</sup> <i>10</i> <sup>Years</sup> <i>15</i>		Age <i>15</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Clorverly</i>	
Occupation		Where Residing if not at place of death <i>Washington</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband			
Father's Name <i>Ben Phumphy</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Innie Carter</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Samuel Phumphy</i>		How related to deceased <i>Grand Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John R. Batton</i>
	Address <i>Spencerville</i>
	<i>md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookville</i> <sup>Town</sup>		<i>Pratt</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Walter Meiles</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Elinor Pratt</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Andrew Joseph</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture from fall of mother</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes as far</i>	Signature of Physician <i>Chas. Hargraves, M.D.</i>
<i>as known as no Physician in attendance</i>	Address <i>Q. Hwy. Md.</i>
Accident or Suicide?	



Carrie Pugh

Town

County

Died at Cedar Grove Mont.

MARYLAND

Date 1905-12-21 Age 2 Y. M. D. Native of U.S. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of  
 Wife

Father's Name Billy Pugh Mother's Maiden Name Dolly Bayfield

Cause of Death Primary Accidental from pistol shot hemorrhage  
 How long sick Several hours  
 Accident, Suicide, Homicide

Reported by R. S. Lunsdale M.D.

Address Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Ramus D Riggo

## CERTIFICATE OF DEATH

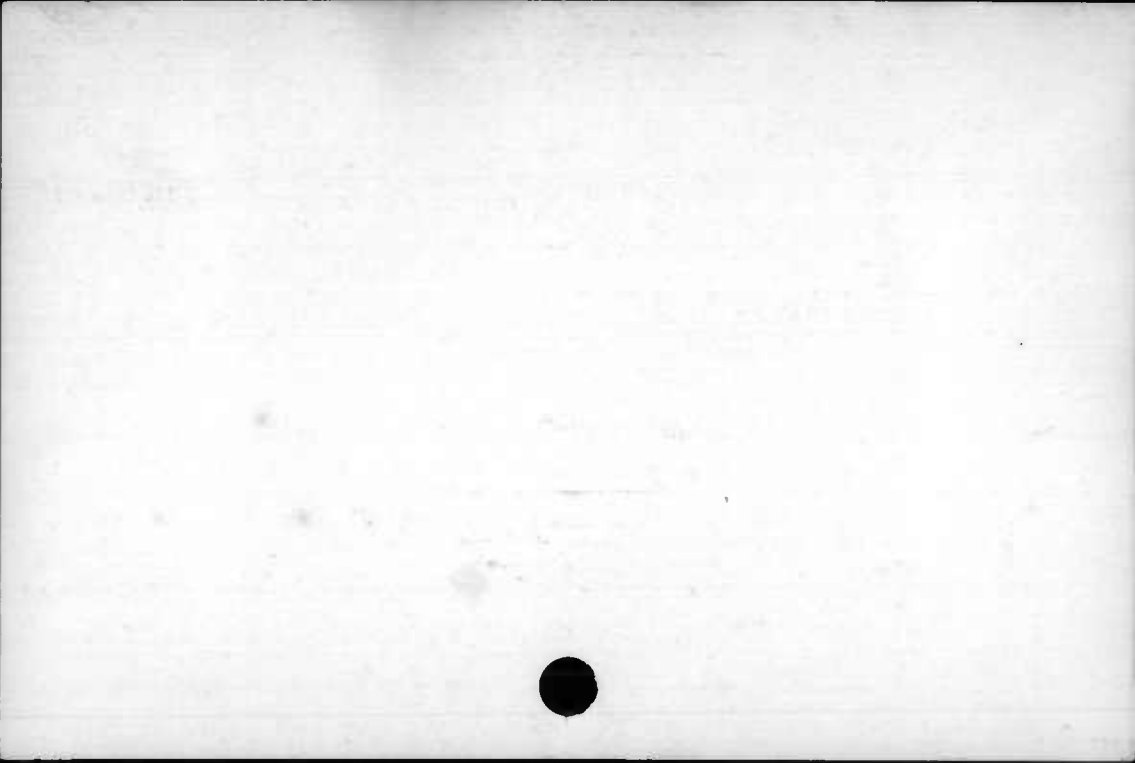
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Goshen</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>Dec</u> <sup>Month</sup>	<u>2</u> <sup>Day</sup>	<u>77</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Montgomery Co</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah Coward Riggo</u>			
Father's Name <u>George H Riggo</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Mrs Rebecca Harris</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Reuben Riggo</u>			How related to deceased <u>Cousin</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age infirmities</u>	How long <u>1 1/2 yrs</u>
Immediate <u>Hypostatic Congestion of Lungs</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W H Dyson M.D.</u>
	Address <u>Raytownville</u>
Accident or Suicide? <u>Maryland</u>	



Name  
in  
Full

Thos. Robertson

## CERTIFICATE OF DEATH

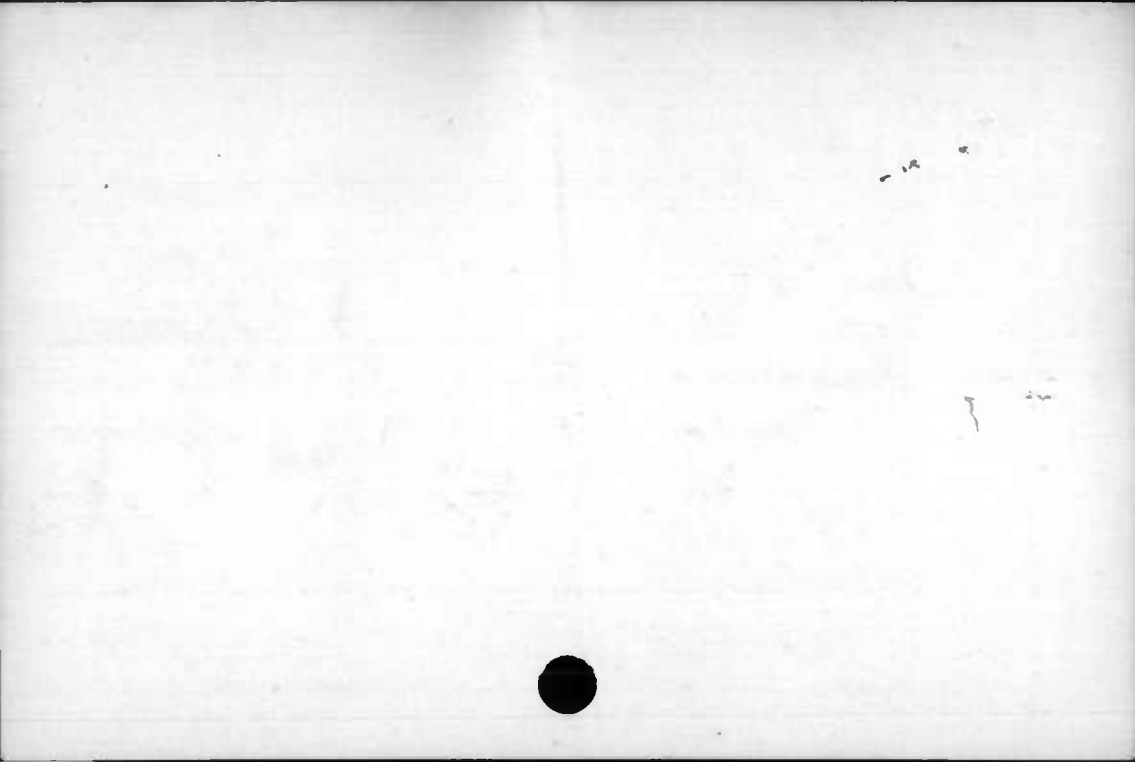
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Burnh Mills Montg		County		MARYLAND	
Date of death	1904	Month	Dec	Day	6	Age	69
						Months	0
						Days	0
Sex	Male		Color or Race	Colored		Birth-place	N. Carolina
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Isabel Robertson			
Father's Name	Jack Robertson				Father's Birthplace	N. C.	
Mother's Maiden Name	Jennie Roberson				Mother's Birthplace	" "	
Name of person giving information	Isabel Robertson				How related to deceased	Wife	

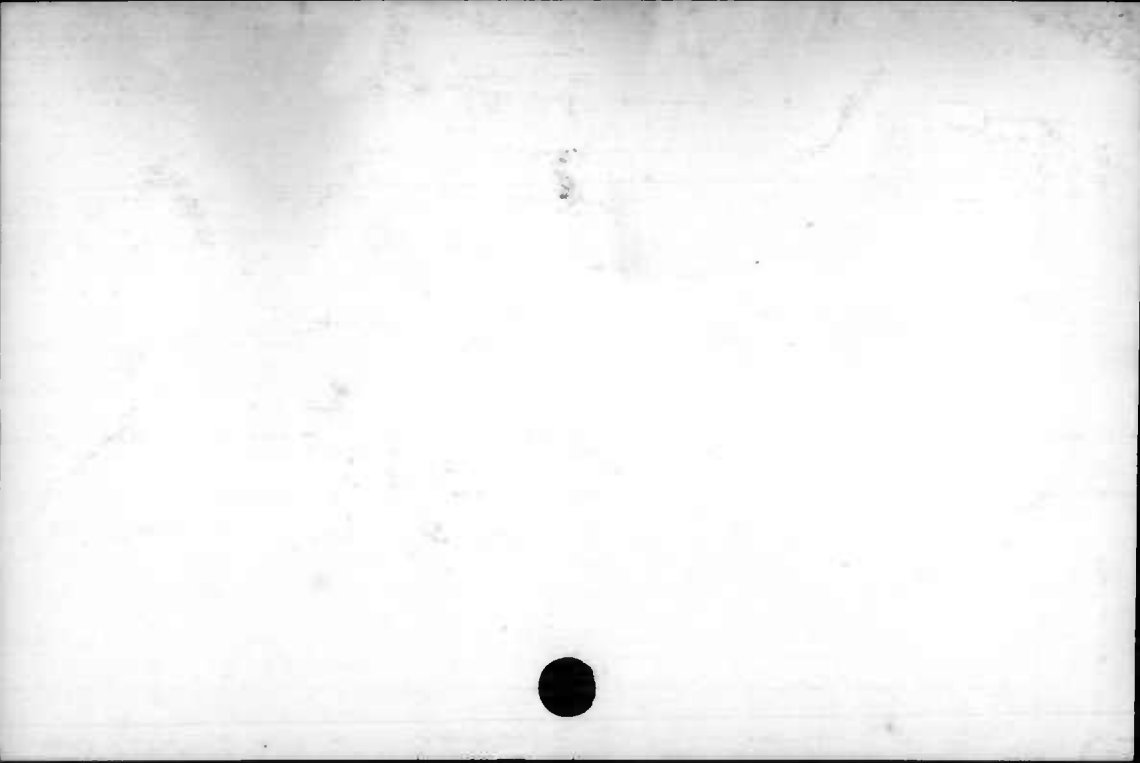
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia (Croupous)		How long	2 weeks,
Immediate	Asphyxia		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J. H. Brown		
		Address		
		Silver Spring		
Accident or Suicide?				



Name in Full		Isabel Snowden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Grafton		County Montgomery		MARYLAND	
	Date of death		1905	Month Dec	Day 16	Age 17	Years	Months Days
	Sex		Female		Color or Race		Colored	
	Occupation				Birth- place		Grafton	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		John Snowden		Father's Birthplace		Grafton	
	Mother's Maiden Name		Addie V Harris		Mother's Birthplace		Grafton	
	Name of person giving In formation		Bradley Brown		How related to deceased		None	
	CAUSES OF DEATH							
	Primary		Pulmonary Tuberculosis		How long		6 months	
	Immediate		General Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		V H Dyson		
				Address		Laytonville		
Accident or Suicide?						Md		



Name

in  
Full

## CERTIFICATE OF DEATH

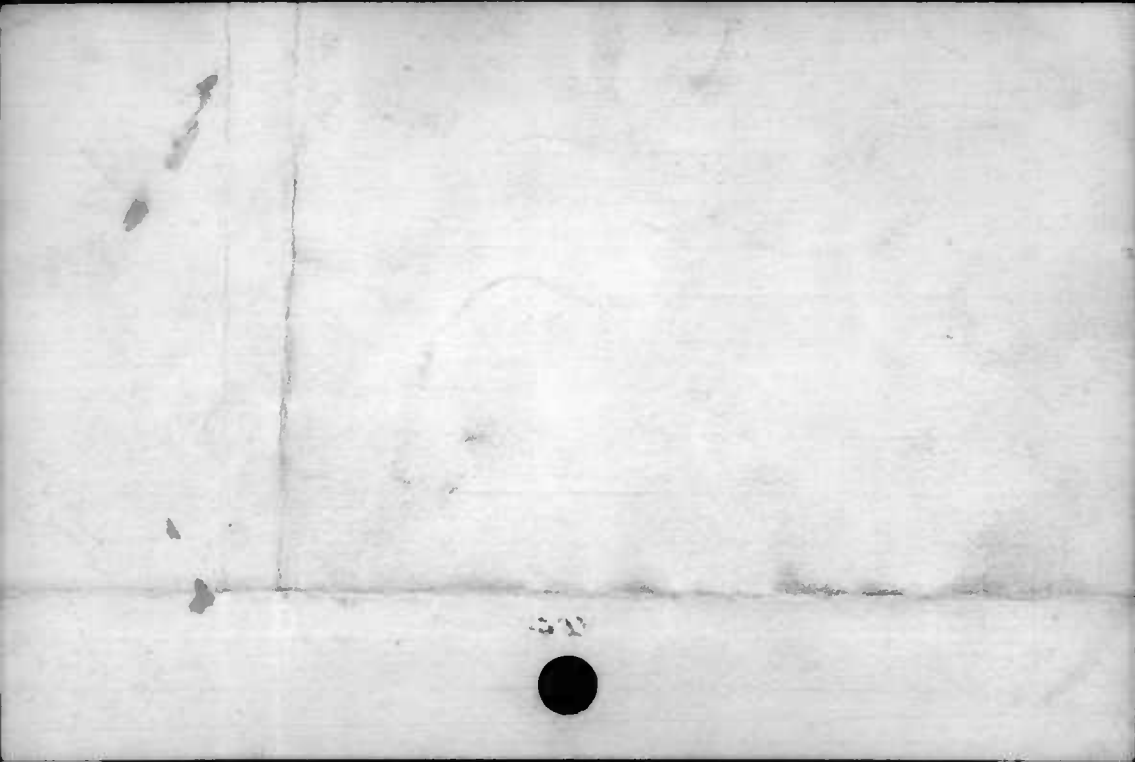
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>unity</i> Town		<i>Montg.</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Dec</i> Day <i>14</i> Age <i>59</i>		Months <i>8</i>		Days <i>8</i>	
Sex		Color or Race <i>Black</i>		Birth-place <i>Waverly, Ky.</i>	
Occupation <i>Farm</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>David To good</i>		Father's Birthplace <i>Gribton</i>			
Mother's Maiden Name <i>Ellen Smith</i>		Mother's Birthplace			
Name of person giving information <i>Grace Lockman</i>		How related to deceased <i>niece</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Years</i>
Immediate <i>Distention of Heart</i>	How long <i>Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Spurrin</i>
	Address <i>unity, Ky.</i>
Accident or Suicide?	





Name  
in  
Full

Maggie A. Warfield

## CERTIFICATE OF DEATH

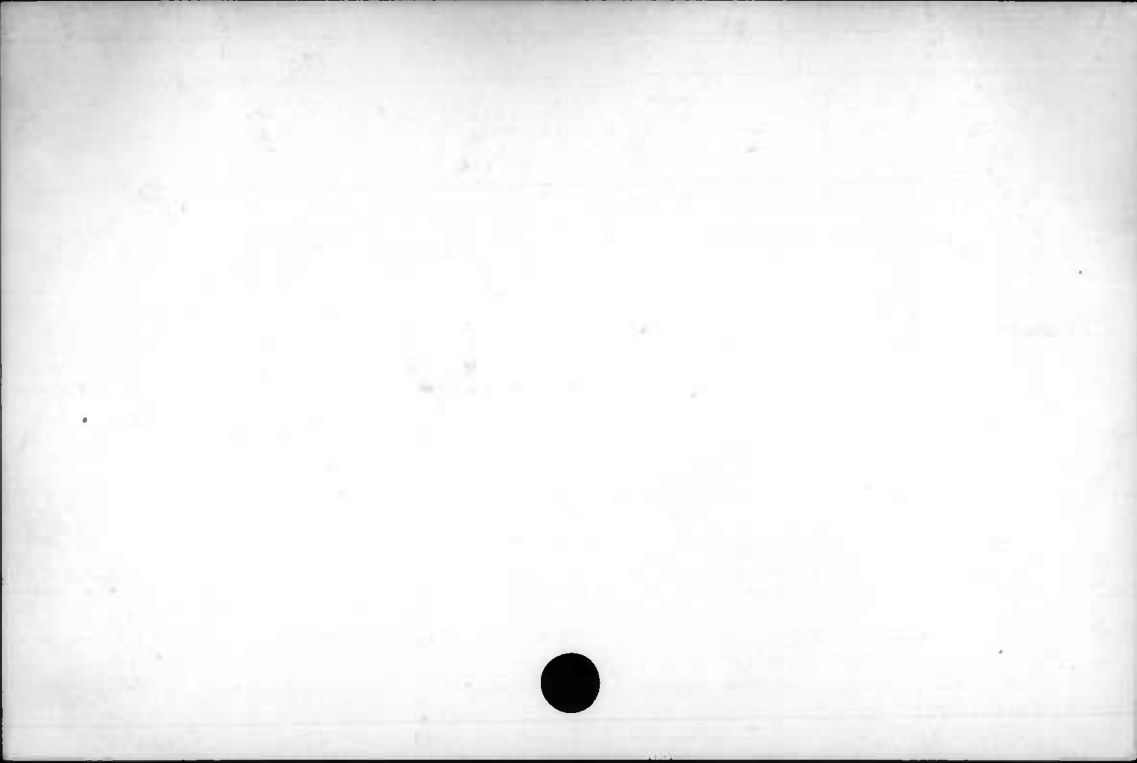
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rosedville</i>		Town <i>Maryland</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>29</i>	Age <i>16</i>	Years	Months <i>0</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>Schoolgirl</i>			Where Residing if not at place of death		<i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband		<i>X</i>			
Father's Name <i>Andrew W Warfield</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>X</i>	Signature of Physician <i>O. M. Lintner M.D.</i>
	Address <i>Rosedville Ind</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

James White

## CERTIFICATE OF DEATH

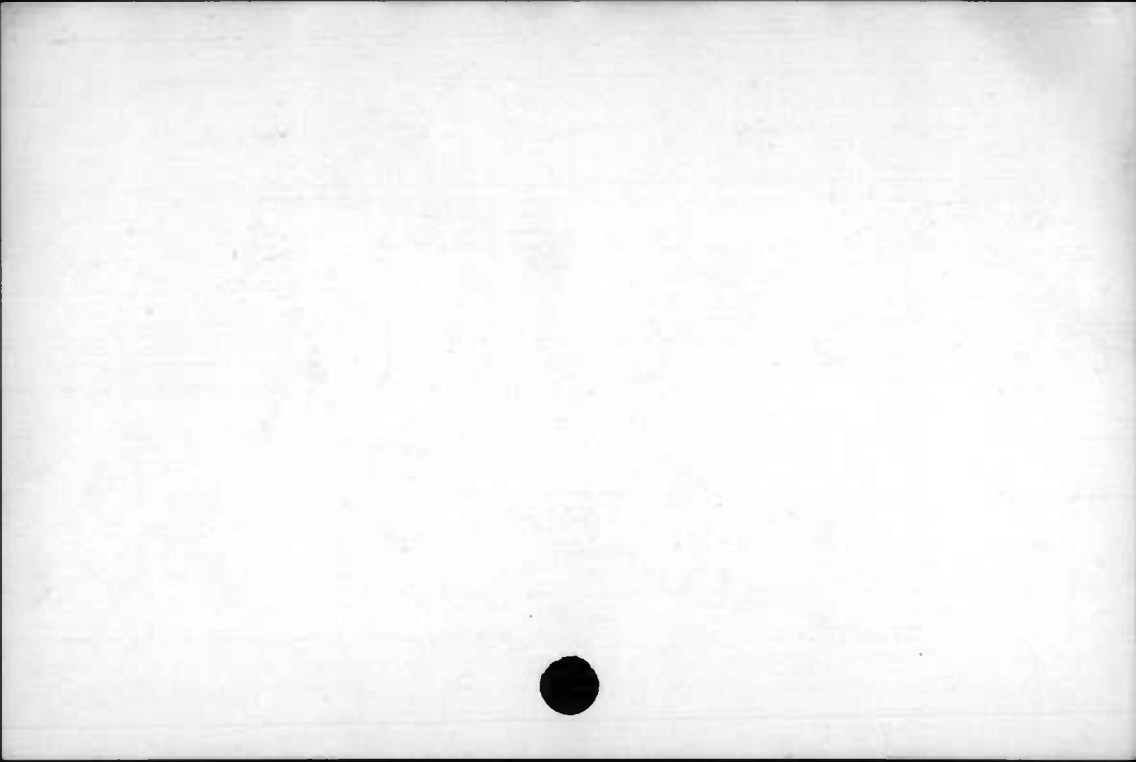
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Linden</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		190 <i>5</i>	Month <i>Dec</i>	Day <i>8</i>	Age <i>66</i>	Months <i>✓</i>	Days <i>✓</i>
Sex		<i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Virginia</i>	
Occupation		<i>Laborer</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband <i>Francis Harris White</i>			
Father's Name		<i>—</i>		Father's Birthplace <i>VA</i>			
Mother's Maiden Name		<i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information		<i>Rahut Harris</i>		How related to deceased <i>Grandson</i>			

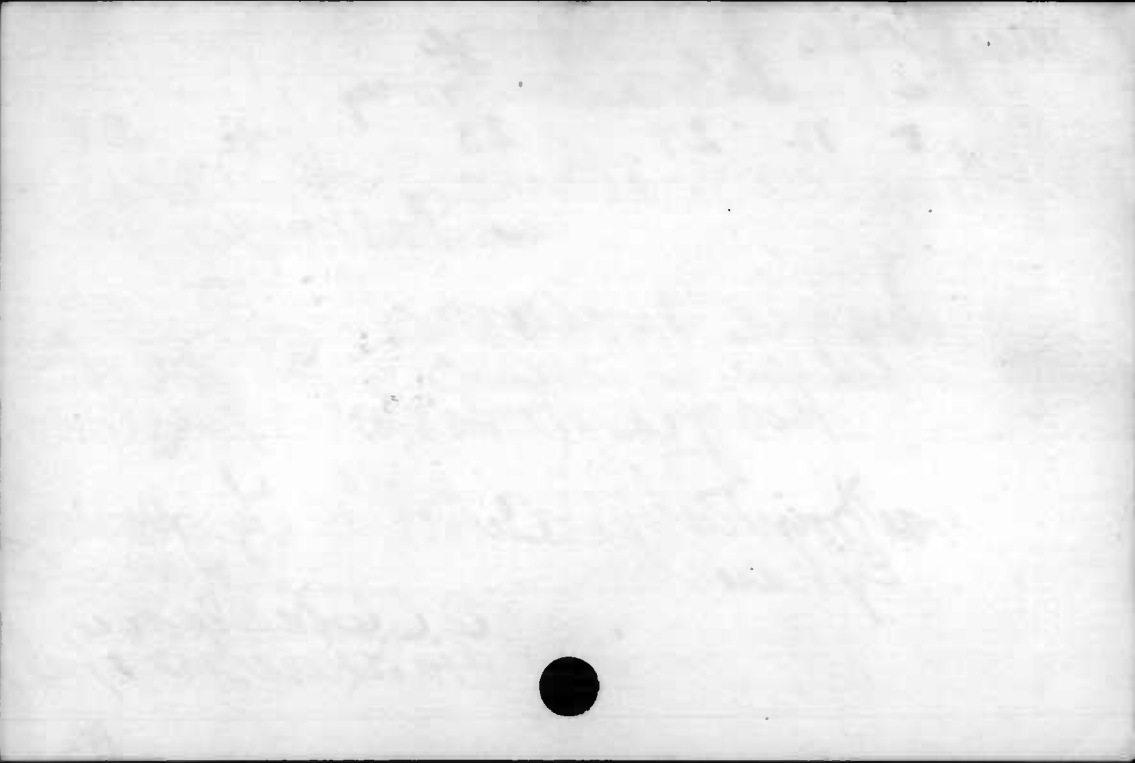
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Dis. Heart</i>		How long	<i>About 2 yrs</i>
Immediate	<i>Acute Fatinitis</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Eugene Jones</i>	
			Address <i>Fredericktown Md</i>	
Accident or Suicide?				



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Rosedale</i> <sup>Town</sup>		County <i>Morristown</i>	
		Date of death <i>1905</i> <sup>Month</sup> <i>12</i> <sup>Day</sup> <i>2</i>		Age <i>X</i> <sup>Years</sup> <i>Steelbaker</i> <sup>Months</sup> <i>X</i> <sup>Days</sup>	
		Sex		Color or Race <i>Colored</i>	
		Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>	
		Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>	
		Father's Name <i>Frank Williams</i>		Father's Birthplace	
		Mother's Maiden Name <i>Annie Hall</i>		Mother's Birthplace <i>Ind</i>	
		Name of person giving information		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Steelbaker</i>		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. M. Litchman</i>	
				Address	
		Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Miss Cecile A. Woodward* Town *Washington* County *Montgomery*

Died at *Washington* Date of death *1905-02-29* Age *23* Months *4* Days *28*

Sex *Female* Color or Race *White* Birth place *Ms.*

Occupation *Ms.* Where Residing at place of death *Washington*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Roscel Woodward* Father's Birthplace *D.C.*

Mother's Maiden Name *Eliza A. Wood* Mother's Birthplace *D.C.*

Name of person giving information *Roscel Woodward* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Gastrointestinal Catarrh* How long *Two Months*

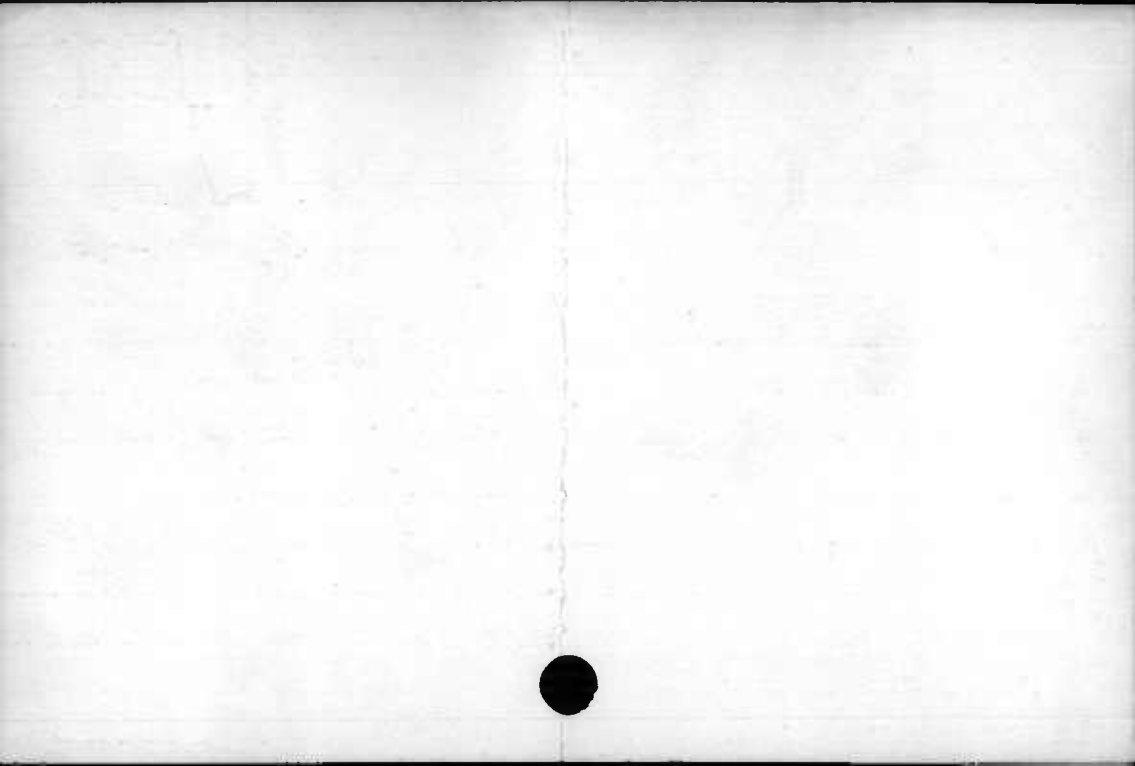
Immediate *Exhaustion* How long *Two Weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. G. E. Schipor*

Address *Gaithersburg, Md.*

Accident or Suicide?





Died at *Beallsville* Town *Montgomery* County *MARYLAND*  
 Date 19 *05* Month *Dec* Day *11* Age *73* Native of *md* Occupation *none*  
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ☐

Husband \_\_\_\_\_ of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *Samuel Young* Mother's Maiden Name *Drusilla Wilcox*

Cause of Death { Primary *Rheumatism* How long sick *one week*  
 Immediate *Pericarditis* *147* Accident, Suicide, Homicide ☐

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

